

# **Garden Of Hope Plot Application**

**The Garden Of Hope** is a *Handicap Accessible Community Garden*, available to community members with a desire to grow their own fresh food. We are happy to have you apply. Emmanuel UCC asks that you abide by our Garden Rules and sign our Garden Use form (which includes waiver of liability, release and indemnification agreement). A member of our **Garden Of Hope** team will contact you within 7 days to let you know if you have been approved for a plot.

Applicant name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Why are you interested in having a **Garden Of Hope** plot?

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List any gardening experience:

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Reference:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Optional: The Garden Of Hope** is made possible by a generous grant from **#NoKidHungry**. It can be helpful for us to know more about you. If you feel comfortable, please answer the following questions. Being chosen for a plot is **not** dependent on answering.

How many people live in your household? \_\_\_\_\_

What is your estimated yearly household income? \_\_\_\_\_

**Emmanuel United Church of Christ**

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